

REMARKS

ON A

TREATISE ON THE RECTUM.

PROFESSOR JAMES SYME has favoured the public with what he calls "A Plain Statement of the Seat, Nature, Symptoms, and Treatment of the different Affections which are met with at the extremity of the Rectum." Being himself in full possession of a Professorial chair, and consequently entitled to teach, to overlook, and to advise, he modestly "endeavours to assist practitioners in the discharging their duty to the patient;" and, full of the milk of human kindness, endeavours "to protect patients from unprincipled or reckless practitioners." Henceforth surgeons are inexcusable if they treat any case improperly; and patients are entitled to no pity if they allow themselves to be the victims of "unprincipled or reckless" surgeons. Professor Syme's book points out the unerring path of duty to the one, and affords ample protection to the other.

He commences by conjecturing and wondering how fistula in ano should be so well known amongst the public as it actually is. The disease being so universally prevalent, and its attacking all ranks, and both sexes, is not sufficient, in his opinion, to account for its notoriety. He even thinks that they are reasons against its being so well known; and is certain that "the disagreeable feelings connected with it, must tend to conceal the knowledge of its existence." He means, that the pain which accompanies the disease (and in no small degree) should of itself draw the sufferer's attention entirely away from the seat of mischief. We had always understood that pain was given us as a blessing, and that to pain we owed our knowledge of many a slight ailment, which, without its timely warning, would have proved a serious evil. But Professor Syme corrects the foolish thoughts of our ignorance.

He is next surprised why "the slight incision required for its (fistula) remedy is performed in the theatre of the hospital, with all the pomp and circumstance of a great operation." We had always thought, that in any public hospital, especially where students paid for attendance, it was a standing order that *all* operations should be performed in the theatre. "Pomp" is not, we believe, included in the order; nor, so far as we have seen, except in Professor Syme's practice, is "pomp" observed. But in addition to obeying the orders of the hospital, and behaving with courtesy to the students, there are other reasons why the operation for fistula *should* be performed in the theatre. In the first place, it does away with the necessity of other patients in the same ward witnessing the operation, — a sight which they would willingly be spared. In the second place, light, which in this operation is indispensable, cannot be obtained in a crowded ward.

And in the third place, the operator and his assistants are extremely apt to be jostled in a ward, by students crowding around them. We are aware, that in some wards all minor operations, of which fistula is one, are performed in the ward with the doors bolted; and the gross errors of surgery, and the serious and lamentable mistakes which there occur, and could be named, are of no small number.

Professor Syme informs us, that, at the present day, the cure of fistula by the knife “hardly deserves the serious title of an operation.” Is that not entitled to be called an operation which he himself tells us includes “difficulty of performance, suffering to the patient, risk of hæmorrhage, and the trouble of after-treatment?” If it is not, his definition of “an operation” must be curious indeed.

He lays down “a flat and ill-defined swelling, resulting from the presence of the fluid,” as the first circumstance which attracts the attention of the patient. “Coming events cast their shadows before;” and surely Professor Syme’s patients must be forewarned of their approaching evils, or else must be possessed of an uncommon degree of curiosity which prompts them to inspect their anal region, and detect this first appearance of their fistula. The attention of other surgeons’ patients is always drawn at first to the disease by the presence of pain, especially when at stool, or in the sitting posture, long before swelling of any shape is observable externally, although they experience equal anxiety about their bodily ailments with Professor Syme’s patients. The swelling occurs when the abscess is formed, not as the first symptom of its formation.

The causes of fistula, Professor Syme informs us, act “either by exciting a predisposing liability to it, or by directly calling it into existence.” We have heard of “predisposing liability” to pulmonary consumption, diseases of the heart, or other organic derangements, but must confess we never heard of “predisposing liability” to fractures of the cranium, luxation of the shoulder, fistula in ano, or most other surgical complaints. He informs us, that the first symptom of phthisis is in general the appearance of a fistula. This is indeed a new fact in the history of phthisis; and certainly is a simple method of solving any doubts with regard to distinguishing it from any other pulmonary affection. Physicians may now exchange the stethoscope for the silver probe, which will simplify their labours in no small degree; for, though a few have not accurate ears, mostly all have a due power of vision and touch.

We are told, that an ulcerated state of the great intestine is the “exciting cause of fistula.” Now fistula, according to Professor Syme, is the first symptom of phthisis, — *ergo*, the great intestine must be in a state of ulceration before any symptom of phthisis makes its appearance!!! The ulceration of the great intestine is the general cause of death in consumptive patients — thus the common cause of death in that disease, Professor Syme accurately traces to be identically the same cause which gives rise to fistula, the first symptom of phthisis.

We must confess we have seen a good many cases of fistula, and most of them in robust countrymen, but have neither found phthisis following, nor ulcerated intestine preceding their complaint. In fu-

ture, however, we will regard the hardiest, the strongest, and the healthiest, who is afflicted with fistula, as a weak and diseased victim to a fatal hereditary complaint.

Professor Syme has not yet done with phthisis. He has already given us the one early symptom of that disease, and now imparts to us another symptom which can never deceive us. It is summed up in the following brief sentence:—"The passage of feculent matter through the preternatural channel is never met with except when the disposition to the disease is very strong, as in confirmed phthisis." Feculent matter escapes by the external aperture in complete fistula, as well as through the natural channel; and if Professor Syme never observed this, his practice must surely have been limited in the extreme, or he himself must have been grossly negligent, never to have observed what has fallen under the notice of every other surgeon, and what is a matter of constant observation in every hospital. We advise him to be more minute in his observation for the future, or more guarded in his remarks.

In proceeding with the symptoms of fistula, he informs us, that "people of much sensibility are distressed by a feeling of weakness and imperfection." What a proof of sensibility is here given us!—what a delicate test of the finer feelings of our nature! One would be almost induced to imagine that Professor Syme, whose "sensibility" is well known, had laboured under fistula himself.

An "eminent physician" incurs Professor Syme's contempt for having overlooked the presence of a fistulous aperture. We think this physician rather hardly treated, because, for any thing we know, he had examined the chest, and finding no consumption, at once made up his mind that there was no fistula. What would the physician say to Professor Syme, who said there was consumption because there was a complete fistula, if — *mirabile dictu!* — the gentleman's lungs proved healthy?

No authority, however high, nor the experience of better surgeons than himself, have any weight with Professor Syme. He modestly withholds the name of the "eminent physician" who overlooked a case of fistula; but no sooner does he find the names of surgeons, from whose writings he ought to have gleaned instruction, holding opposite opinions from his own, than he includes them all in one sweeping censure. The Nestor of Surgery, Sir Astley Cooper—the distinguished and well known Copeland—and, though last not least, his own teacher Liston, all hold opinions and follow practice which cannot fail, according to Professor Syme's more extensive experience, to "occasion great unnecessary suffering." It is to be hoped that those surgeons will now see the error of their ways, and, bowing to Professor Syme's views, alter their mode of treatment. It is especially to be hoped that Mr. Liston will feel due contrition for the erroneous doctrines which he inculcated on his quondam pupil, and not be ashamed now to become pupil in his stead. Truly he is in the situation of the venerable gentleman of whom it is sung, that

"To teach his grandson draughts
He'd then his time employ,
Until at last the old man
Was beaten by the boy."

The error into which the above-named surgeons have fallen is in supposing that the internal aperture in a complete fistula is ever beyond a certain distance from the extremity of the anus. Professor Syme lays down as a universal law, that “in complete fistula, the internal opening does not lie farther from the anus than an inch and a quarter.” In addition to the manifest absurdity of limiting the internal opening to any minute measurement, the names of the high and respected authorities whom he has himself quoted, are quite sufficient to prevent practitioners being misled by Professor Syme’s statements.

He modestly however, admits, that his views “are *still* far from being generally adopted,” although they have been before an ungrateful public, in his “systematic work on surgery,” and in reports of his hospital practice, occasionally published. His “systematic work” we have never read, nor do we intend to do so; as to the reports, when they contain true statements, with no facts suppressed (*vide* Lancet,) we may perhaps be led to give them some credit.

He lays down another universal law as to the operation for fistula, which is likewise erroneous. He says, “In performing the operation, it is merely necessary to divide the parts lying between the external and internal apertures.” Now, it is evident that he is speaking of what is sufficient to be done when the fistulous track extends higher up than the internal aperture. Experience proves the reverse of his statement. In no case, where it can be done with safety, is only part of a sinus to be laid open — it must be laid open its entire length, or little good is done; and this rule applies especially to fistula in ano. Unless the knife reach the extreme depth of the canal, it had better be laid aside—the hæmorrhage, which is occasionally smart, but which can always be commanded, is not to deter the surgeon from this only effectual means of finally curing the disease.

Having laid down the principles which he advocates, he proceeds to consider the different stages of fistula, and their treatment. Abscess is the first stage of fistula, and in his treatment of it he is wrong. — He says, “so soon as fluctuation” can be perceived, it is considered right to evacuate the matter. When there is pain and induration at the side of the anus, indicating the approaching formation of matter, a free incision should be made. Fluctuation and pointing are not to be waited for — a free incision is to be made before they are perceptible externally; and it is only by this active practice that abscesses are prevented from proving subsequently troublesome.

We are told not to operate for fistula when “there is a phthisical condition of the patient.” This remark applies to all operations; but in an operation of minor consequence, as fistula, we find few cases where the patient is consumptive, in which his lungs are in such a state as to preclude the propriety of operating. But we would not operate on a phthisical subject for the reason given us by Professor Syme, viz. “that the refusal to operate requires a very painful explanation.” This is a fresh proof of the sensibility we previously suspected he possessed. It is not only in fistula, however, that he reluctantly draws forth his knife when there is an organic disease forbidding it. For our memory recalls to us a case of cancer of the lip in an old man, past relief, not only from the extent of ulceration, but

also from the whole glands of his neck being involved — and in which case Professor Syme not only removed part of the lip, but also dissected out one of the enlarged submaxillary glands, and informed the spectators at the conclusion of his labours, that the case was incurable, but that he had operated “because the man had come from the country to have it done” — and, we suppose, because his refusing to operate would have injured his own feelings, would have “required a very painful explanation.” From those examples of Professor Syme’s tender mercies, practitioners learn a new light on an important path of duty: never candidly to tell a patient his real state when he is in danger, but to raise hopes in the mind of the most aged which can never be realized.

The next subject treated of is Hæmorrhoids. That this is a common disease we know, but are by no means aware “that very few people, especially in the higher ranks of life, are entirely free from it in one form or another.” Hæmorrhoids, we are told, require division into three distinct sorts. They have been in general described as internal and external: and so they are in point of fact in Professor Syme’s book, as his first and third sort are essentially the same, internal hæmorrhoids. He calls his first kind, those “depending on enlargement of the veins at the extremity of the rectum.” And his third sort he describes as consisting of a “vascular development of the mucous membrane.” Now those piles, described by Professor Syme as different, are actually the same, and merely that form of piles usually described as internal piles: they consist of a varicose condition of the hæmorrhoidal veins protruding the superimposed mucous membrane. And we do think that vanity has overreached itself in attempting to make new divisions and new distinctions between one and the same thing, more especially when by so doing the student is apt to be confounded with what was originally a very simple matter. In the account given of piles, there is nothing new or particularly interesting.

Talking of prolapsus ani, he proposes to call every other disease hæmorrhoids, except where the protrusion involves the whole thickness of the gut. The absurdity of calling the protruding folds of the mucous membrane a pile is manifest.

He proceeds to describe a rare affection — polypus of the rectum; and cites a case, for which he confesses his obligations to some Mr. Craig of Ratho. This Mr. Craig was summoned to a woman on account of “a very profuse discharge of blood from the rectum.” She had had a similar hæmorrhage once before, and for fifteen years had pain in her back, pelvis, loins, and thighs. Mr. Craig says, “He could hardly think the uterus was the seat of the disease.” We confess we see no earthly reason he had to suppose for a moment that it was so. The bleeding had come on a former occasion, and came now also from the rectum; and he must be a curious practitioner who, with the knowledge of those two plain facts, would turn his attention in the first instance to the uterus. We suppose, if he were called to treat a case of menorrhagia, he would commence by examining the rectum. In this case, examination of the rectum detected a polpus, the removal of which by ligature relieved her. Professor Syme thinks great credit

is due “to this Mr. Craig for discovering the polypus;” — although, as it “was a large pendulous tumour,” we confess we see no great proof of skill or extraordinary powers of discovery in feeling what could not be overlooked.

In stricture of the rectum, combined with fistula in ano, Professor Syme says, that “the sinus does not, as has been alleged, open into the gut above the contracted part, but holds its usual position near the anus.” We previously denied that the internal fistulous aperture had any settled and unchanging spot for its appearance — and we once more deny the statement. In stricture of the rectum combined with fistula, the internal aperture is above the constricted part. If consistency in a bad cause is praiseworthy, we certainly grant Professor Syme his full share of commendation.

He next comes to treat of malignant stricture of the rectum. He commences with a contradiction as to the situation of the disease: he tells us that it “generally occurs in the same part of the gut as the simple stricture.” We turn to the simple stricture, and find “that it is situated very near the lower extremity of the rectum, a little within the sphincter, between two or three inches from the anus;” but in his second page, upon cancer of the rectum, we are told that it “more frequently leaves the coats of the intestine free, for an inch or two within the sphincter.” We are first told it is within the sphincter; next, that the coats of the intestine within the sphincter are free!

After a description of the symptoms of this disease, he proceeds to its treatment; and we are at once informed with marvellous brevity — and, considering the state his feelings were in when he wrote this sentence, with wonderful composure — that “the situation of the diseased part forbids any prospect of benefit from removal by the knife or any other means.” His chapter ends with announcing, that of late the lower part of the rectum has been excised in this city; and he ushers in the annunciation of this fact with most impressive assurances of its veracity, being possessed of the idea that the horror of the entertained supposition would do entirely away with the reality of the fact. We sincerely hope our readers will not be quite led away by the extreme “sensibility” displayed by Professor James Syme, but will dismiss from their minds the prejudiced nonsense he has written. Many cases of schirro-contracted rectum come under our notice, in which the disease, even although it encircle the whole gut, is confined to the lower part of the rectum, not extending beyond two or three inches from the anus; and in such a case, knowledge of surgery, and the experience of practice, show the perfect possibility of removing the disease by excising the affected part. The operation is not very difficult of performance, and the hæmorrhage attending it can always be commanded: it is a painful operation, but a lingering death from a daily extending cancer of the rectum is less easily endured.

We should hardly condescend to notice some remarks of Professor Syme’s upon this operation; but knowing them to proceed from ignorance, we pardon them. He says, that from excision “the patient can derive no benefit, and must have an impulse given to the morbid

action." We never before heard that the free removal of a part affected with cancer gave a stimulus to the morbid action. Does Professor Syme never excise cancerous ulcerations of the lip, or the cheek, or even the side? And then comes the following sentence, the coolness of which passes belief: — "And if there are any cases in which this excision of the rectum has been followed by a permanent cure, the disease could not have been of a malignant nature." A plain, positive denial of the truth of this statement is the only answer it deserves. So much for excising the lower part of the rectum, when affected close to the anus with cancer. Now for another of Professor Syme's facts: — "Removal of the extremity of the rectum has of late years been taught and practised in this city, as the best mode of treating those hæmorrhoidal affections which are generally comprehended under the title of prolapsus ani." To this also we give a plain, positive denial. The statement is untrue: the lower part of the rectum has been excised (and still will be so) in some cases of hæmorrhoids, where their magnitude harass and annoy the patient — where the discharge of matter from them render him uncomfortable in the extreme — where the hæmorrhage weakens and enfeebles him — and where their size, number, and internal position, cause their removal by the ligature impracticable. Several of such cases have been the subjects of operation, and, despite Professor Syme's denial of the possibility of a cure being effected, they have been benefited by the operation. He says he has heard of obliteration of the gut having followed the operation: we never heard of it to our knowledge, and certainly never saw it.

In conclusion we must say, that in our opinion this work, throughout every page, bears the mark of consummate vanity — and vanity which has no excuse for its intrusion. Had Professor Syme advanced any new theories, or brought forward any new facts which had the shadow of resemblance to reality, one might have passed over the vain tenor of his writing; but when he merely puts down, in an inferior manner, the same matter which is already in every work on surgery, and in mostly all on medicine, — when he tells us nothing new, and mystifies what was well known of old, — we cannot help thinking his book calculated to waste the time and attention of the reader. His reason for writing such a work we know not; but it savours strongly of a jealous, petty mind, anxious to vent its spleen on its superiors. His superiors in age, experience, and wisdom, fall under his censure; although, with the modesty of affectation, he tells us that "it was not his wish to criticise writers who have preceded him." Fortunately, his ambition has o'erleaped itself; and the names of, and the quotations from, those writers, tend most distinctly to show the correctness of their views and the vanity of Professor Syme's empty discoveries; — and his assumed "sensibility," and eager anxiety for the "credit of surgery" and the "good of humanity" lead him to run down and stigmatise as "startling and incredible," as "dreadful in its performance and effects," an operation of which he knows nothing, — an operation the occasional necessity for which his stupid mind cannot comprehend, — and an operation which, even though he did understand, his unsurgical hands could never properly perform.

It is amusing to hear Professor Syme talking of the "credit of surgery." Is it for the "credit of surgery" that he excises knee-joints and trephines over the longitudinal sinus? Was it for the "credit of surgery" that he proposed to remove entirely a man's tongue, and was it for the "good of humanity" that he raised the poor sufferer's hopes by the unqualified promise of a cure, and then dashed them to the ground by confessing his inability to attempt what he had promised to perform? Was it for the "credit of surgery" that he removed part of a cancerous lip, and one of a chain of glands involved in the disease, when he himself admitted the disease to be incurable? Is it for the "credit of surgery" that he still continues to perform the operation of lithotomy, — an operation which he does not understand, and which annually sends more than two-thirds of his victims to the grave? Is it for the "credit of surgery" that death very frequently reveals calculi in bladders when he has declared there are none present? or that some are left when others are removed? Is it for the "credit of surgery" that his luxations of the humerus are unreduced, until they apply to abler and better surgeons? Is it for the "credit of surgery" that his mistakes, publicly committed, are attempted to be remedied in private? — that his ward doors are bolted when some improvements are made upon some previously performed operation? and that the success attending the private improvement is allowed to pass for the successful result of the first operation, and the students and the public gulled? Is it for the "credit of surgery" that his fractures of the olecranon are dismissed as slight bruises, and with the fracture undiscovered? Is it for the "credit of surgery" that his amputations are a byword, his use of the saw a standing joke, amongst the profession at large? Was it for the "credit of surgery," or for the "good of humanity," that he kept a female patient's mind upon the rack of uncertainty and dread, on the eve of a formidable and dangerous operation, for which, when she was at last fortified and prepared, and her hour had come, personal pique, and miserable jealousy of a better surgeon than himself, delayed her for a future day — added cruel suspense to mental misery, and drew tears from hope deferred? Is it for the "credit of surgery" that his well-known want of candour renders his reports incredible? Was it for the "credit of surgery" that he bought a chair in the University, and still pockets the heavy fees wrung by compulsion from the student, who not only wastes, through compulsion, his time at the prelections, but pays with a sigh the cruel tax upon his scanty purse?

So much, and more, has Professor Syme done to support the credit of surgery, and the good of humanity; — would, for the sake of both, that any of the above statements were exaggerated!